

Revised 2/22/2021



### VOLUNTEER APPLICATION

First Name \_\_\_\_\_ Middle \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell/Pager \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

E-mail Address \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Phone \_\_\_\_\_

Gender: \_\_\_\_\_ Birth Date and Year \_\_\_\_\_

What is your occupation? \_\_\_\_\_ Are you a golfer? \_\_\_\_\_

- |   |  |
|---|--|
| <input type="checkbox"/> First Tee Event. | <input type="checkbox"/> Friends/Family  |
| <input type="checkbox"/> Newspaper        | <input type="checkbox"/> Company/Professional Affiliations                       |
| <input type="checkbox"/> Web Site         | <input type="checkbox"/> Live near or golf at a First Tee participating facility |
| <input type="checkbox"/> TV               | <input type="checkbox"/> Other-please specify below....                          |

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Please describe any previous volunteer experience with a youth group or youth agency?

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Why are you interested in volunteering for First Tee of South-Central Wisconsin?

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What qualities do you feel you have that would enable you to help another person to develop life skills?

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Course and day schedule for summer 2021. Please indicate your tentative choice(s):

Variable times and/or locations

**Monona Golf Course (Monday/Friday)**

PLAYer level classes: \_\_\_ 8:00am-11:00am \_\_\_ 10:30am-1:30pm \_\_\_ 1:00pm-4:00pm

PAR level classes: \_\_\_ 9:15am-12:15pm \_\_\_ 11:45am-2:45pm

**Nine-Springs Golf Course (Tuesday)**

PLAYer level classes: \_\_\_ 8:30am-10:30am \_\_\_ 10:30am-12:30pm

**Odana Golf Course (Tuesday/Wednesday)**

PLAYer level classes: \_\_\_ 9:15am-12:15pm \_\_\_ 11:45am-2:45pm

Par level classes: \_\_\_ 8:00am-11:00am \_\_\_ 10:30am-1:30pm \_\_\_ 1:00pm-4:00pm

References (**two unrelated individuals who are well acquainted with you**):

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

**(i.e. supervisor, teacher, etc.)**

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**By signing below, I certify that all information provided is true. I also hereby authorize First Tee of South-Central Wisconsin to conduct a criminal history background check and contact my references listed in this application.**

Signature:

Date:

**Please mail completed First Tee Volunteer Application form and State of Wisconsin Background Information Disclosure (BID) form to: [Kelsey@firstteescw.org](mailto:Kelsey@firstteescw.org)**

**First Tee of South Central Wisconsin  
Kelsey Kjome  
5501 Schroeder Road, Suite 100  
Madison, WI 53711**

